Government of Saskatchewan

Annual Report 1984-85

Saskatchewan Medical Care Insurance Commission

86-01684/

Saskatchewan Medical Care Insurance Commission

T. C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1985

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Minister of Health

The Honourable F. W. Johnson
Lieutenant Governor
Province of Saskatchewan

Sir:

I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1985.

Respectfully submitted.

Graham Taylor

Graham Taylor
Minister of Health

Saskatchewan Medical Care Insurance Commission

The Honourable Graham Taylor
Minister of Health
Regina, Saskatchewan

Sir:

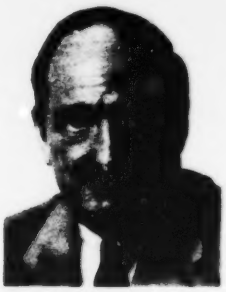
I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1985.

Respectfully submitted.

Paul H. Good, M.D.
Chairman

Members of the Commission

March 1985



Dr. P. H. Good
Chairman
Regina

Dr. C. J. Wright
Vice-Chairman
Saskatoon
2nd Term of Office
ends May 23, 1988

Ms. P. Blacklock Linn
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Dr. L. Brand
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Mr. V. Bucsis
Melville
1st Term of Office
ends Oct. 28, 1985

Dr. M. M. Fraser
Regina
1st Term of Office
ends Oct. 28, 1985

Mr. W. Podiluk
Regina
Deputy Minister
of Health

Mr. L. Prosser
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Dr. L. Lavoie
Melfort
1st Term of Office
ends Mar. 29, 1987

Dr. A. Strudwick
Fort Qu'Appelle
1st Term of Office
ends Oct. 28, 1985

Executive Director

Mr. G. C. Patchett
Regina

The Plan in Brief

11	Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.
8	Commission Administered	The Commission is appointed by the Government, a minimum of three commissioners are practising physicians.
11	Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.
–	No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.
–	Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.
–	Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.
14	Coverage Anywhere in the World without prior Approval of the Plan	Payment is generally made at Saskatchewan rates.
11	Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.
13	Authorized Extra Charges	A beneficiary may have to pay the difference between the specialist referred and unreferred rate when not referred for specialist treatment received.
13	Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.
11	Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

1984-85 Highlights

25	Total payments for insured services in 1984-85 were $175,764,000 up from $162,734,000 in 1983-84, an increase of 8.0%.
25	In 1984-85 administration costs as a percentage of total program costs were 3.8%, down slightly from 1983-84 costs.
31	The average payment per beneficiary in 1984-85 based on the rate per 1,000 beneficiaries was $170.00, up from $160.00 in 1983-84. The cost for an average size family amounted to approximately $560.00 for the year.
46	Benefit payments for services by physicians resulted in an average of $141,300 being paid for each active physician.
46	Benefit payments for chiropractic services in 1984-85 resulted in an average payment per active chiropractor of $78,500.
46	In 1984-85 benefits for insured optometric services resulted in an average payment per optometrist of $65,300.
29	In 1984-85, 85.8% of insured persons actually received physician services, compared to 85.4% in 1983-84.
39	The number of active physicians in Saskatchewan increased to 1,082 from 1,048 in the previous year.
39	The ratio of population to the number of active physicians in 1984-85 was 1,000:1, unchanged from 1983-84.

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under The Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1984-85 there were ten members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Dr. P. H. Good is Chairman of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in the Act to be the establishment and administration of a plan of medical care insurance for the residents of the Province. Regulatory powers are assigned in the Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies — e.g. financing of the Plan.
2. All matters affecting the coverage of the Plan — e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.
2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

During 1984-85, changes were made to the Medical Care Insurance Commission Administration. New functional responsibilities and reporting relationships were established. These are shown in the organization chart on page 9 and reflect the Commission's dedication to a program that blends efficient processing of claims with economical use of resources, so that by far the major part of total funds allocated to the Commission is spent in providing benefits for insured services.

Executive

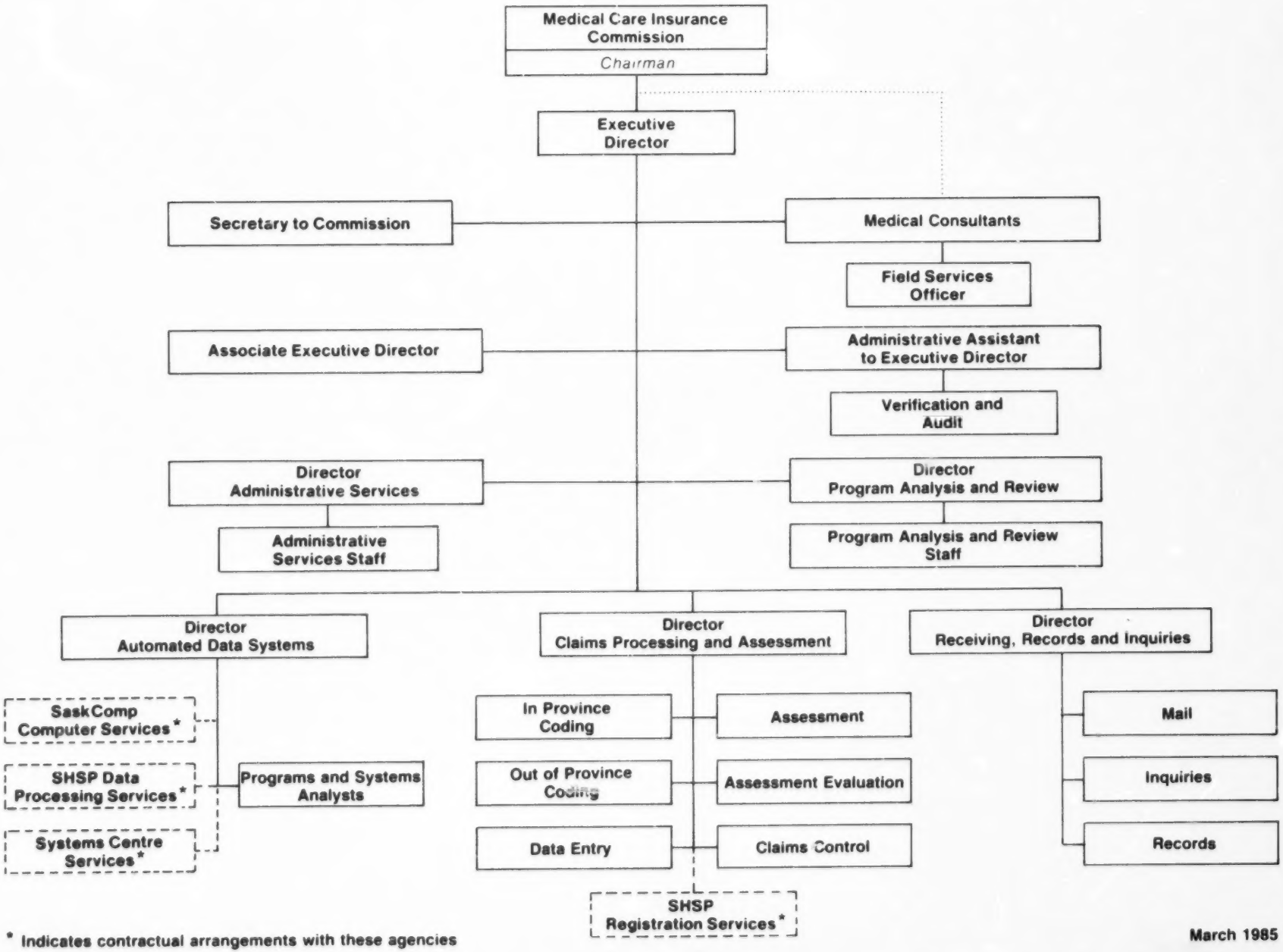
Executive Director, Mr. G. C. Patchett is responsible to the Commission for the overall administration of the Plan.

Administrative Assistant, Mr. B. Middlemiss is responsible for review of legislation and regulations and performs the function of secretariat for a number of committees, both internal and those involving discussions with representatives of other health agencies and practitioner associations.

Commission Secretary, Mrs. J. Merrells carries out secretarial duties for the Commission and the Chairman and a wide variety of tasks associated with correspondence and inquiries related to Commission business.

Verification and Audit, directed by Mr. D. Trew, who with a staff of 5, is responsible for routine and special verification of claims and audit programs. Reports on verification responses and various audit matters are prepared for review by a MCIC Medical Consultant, the Joint Professional Review Committee and the Commission.

Organization of the Saskatchewan Medical Care Insurance Commission



* Indicates contractual arrangements with these agencies

March 1985

Medical Consultants, Dr. J. P. Barschel, Dr. J M. R. Garson and Dr. K. R. Visvanathan provide an essential insight into clinical and medical aspects of internal committee discussions in addition to those involving other health organizations and agencies. Their expertise is vital to the development, formulation and continued monitoring of criteria for the assessment of claims. They provide guidance through consultative services in respect of difficult or complex claims. The consultants assist physicians in the field and their office staffs concerning the schedule of benefits, billing and claims assessment.

Field Services Officer, Mrs. R. Naujok travels throughout the Province to physicians who have direct payment agreements with the Commission and other practitioners on request. This personal service for physicians and their office staffs provides a means whereby problems with claims can be sorted out on the spot or brought back to MCIC for resolution through discussion with one of the medical consultants.

Claims Processing and Assessment

Mr. R. Herauf, the Director, and a staff of 93 are responsible for the screening, coding and other preparation of claims for computer processing. In 1984-85 more than 7 million claims were approved for payment.

The staff who scan, check and code some 30,000 claims each day provide an indispensable and crucial first step towards an efficient end product. When the first phase is completed, the details on the claims are transferred to magnetic tape for high speed processing with past and present file information, numerous checks and assessment rules.

The effective processing of the large volume of claims depends on the skills and dedication of key-edit staff, to assure the integrity of data being passed to the computer.

Complex and multifaceted claims are separated from the main stream, for handling by an assessment team with special training and knowledge for this task. A further category of the most difficult claims requires particular consideration by the Medical Consultants. Assessment staff also participate in the development of assessment policies and evaluation of computer assessment rules.

Receiving, Records and Inquiries

The Director, Mr. R. G. Crawford, and a staff of 19 are responsible for the Commission's mail services involving, incoming and outgoing, approximately 800 packets per day; management of claims records, numbering in the millions; responses to some 600 inquiries per week from the public, practitioners and their office staffs.

Automated Data Systems

Mr. P. Jmaeff directs a new organizational unit in MCIC established to provide greater impetus and cohesion to responsibilities for the operation of electronic and automated systems. The Director and his staff are also responsible for the operation of the Commission's internal network of computer facilities and word processor equipment. In addition, this unit coordinates the Commission requirements in relation to the contractual services obtained through the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Centre and the Saskatchewan Hospital Services Plan. Mr. Jmaeff participates on behalf of the Commission in a number of committees providing interface between various agencies in Saskatchewan Health.

Mr. D. Bartel, Administrative Analyst, is responsible for studies on a continuing basis, directed toward the development of improved operations and the maintenance of a high level of efficiency in systems procedures.

Administrative Services

Mr. L. D. Hamblin, the Director, and his staff are responsible for coordinating the overall budget preparation, general accounting, making benefit payments to practitioners and to beneficiaries, numerous personnel services, the acquisition of equipment and supplies and arranging for office space and its reorganization as required.

Program Analysis and Review

Mr. D. Thomson, Director, with the Assistant Director and staff are responsible for statistical studies into trends in the utilization of services and their associated costs. These are essential for effective management.

Studies are based on data available from the Commission's operation and from information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various practitioners whose services are covered by the Commission.

In addition, major responsibilities of the Director include continuing analysis and review with the Medical Consultants, of the Commission's schedules of benefits, and participation in committees involved with health care information at the provincial and inter-provincial levels.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to Claims Processing and Assessment for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre.

Registration

Registration of beneficiaries is carried out by the Saskatchewan Hospital Services Plan which is reimbursed by the Commission for such services performed on its behalf.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "special resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces,
2. Royal Canadian Mounted Police,
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the Province.

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the Province.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services. The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services. Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services. Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia. The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist;
- other diagnostic services provided by a physician.

Preventive Medical Services. Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of marriage, insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions. Eye examinations to determine refractive error. (Frequency of examinations under Optometric Services below also applies.)

Optometric Services

Refractions. Eye examinations to determine refractive error. Unless special medical factors are present, the frequency of examinations is limited to one in any 12-month period for all ages.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

(b) Certain services in connection with abnormalities of the mouth and surrounding structures.

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

(e) Extraction of teeth medically required for the provision of:
- heart surgery;
- services for chronic renal disease; or
- services for total joint replacement by prosthesis;

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the Province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer. All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:
- travelling;
- advice by telephone;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of marriage, employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded:
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by physiotherapists; physiotherapy services for hospital outpatients are covered under the Saskatchewan Hospital Services Plan;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;

Exclusions — (Continued)

- dentistry, except as described under Insured Services — Dental Services;
- drugs;
- appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner — The practitioner may submit the account directly to the Commission, which makes payment to the practitioner. Under this method of payment the practitioner agrees to accept the Commission payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment through Approved Health Agency — If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician. Under this method of payment the physician agrees to accept the payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment to Patient — Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account. Under this method the amount charged by the practitioner may be different from the payment made by the Commission.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Private Agreement

A practitioner may advise a patient that he wishes to treat him on an entirely private basis. If the patient agrees, the practitioner is not required to provide the patient with an itemized statement of services and the Commission is not responsible for payment. Settlement of the account is a private matter between the practitioner and patient.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1984-85 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributed towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Rates of Payment for Insured Services

Physician Services

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist. The physician may then charge the beneficiary the difference between the specialist referred and unreferred rate.

Optometric Services

Payment for eye examinations to determine refractive error when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Optometric Association and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1984-85 the Committee reviewed the patterns of billing of over fifty physicians. Eight meetings of the Joint Professional Review Committee were held in that year.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Optometric Association and two representatives from the Medical Care Insurance Commission was established in 1982. The Committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the Commission.

A review of chiropractic services and payments is carried out by the Chiropractic Review Board which consists of chiropractors and officers of the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing. The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Claims Processing System

1. Claims are received (average of 142,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

   (b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

   (b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

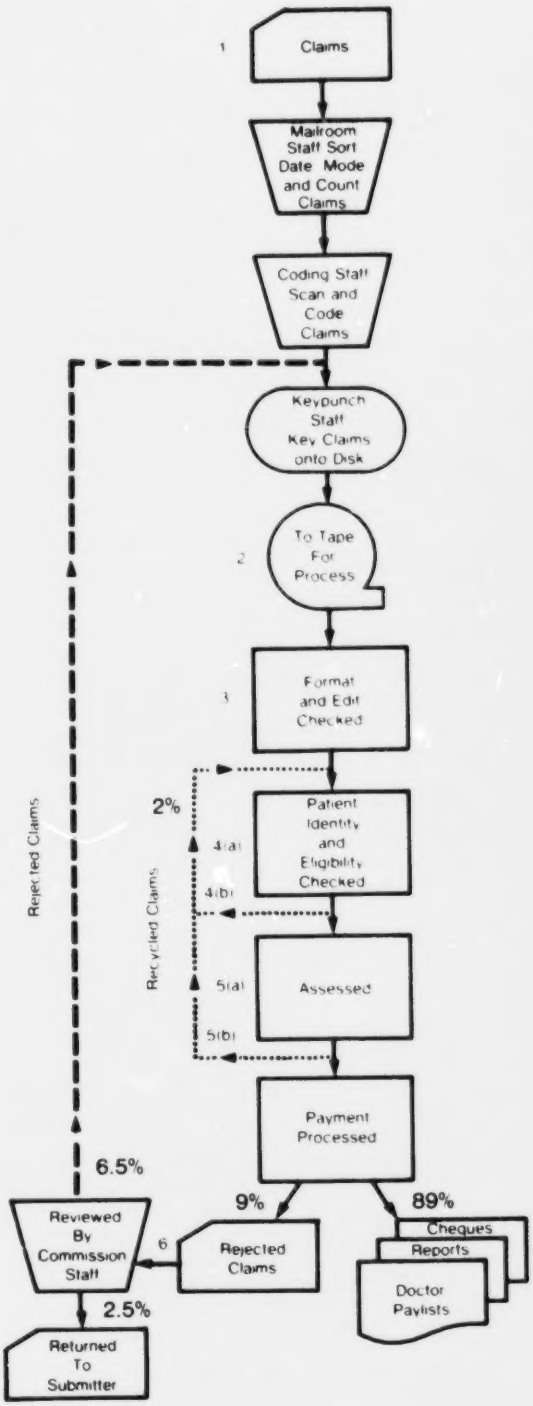
In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claims systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.



Auditor's Report

To the Members of the Legislative Assembly,
Province of Saskatchewan.

I have examined the statement of receipts, payments and balance of fund and the supporting statement of administration payments of the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1985. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the balance of the Fund as at March 31, 1985 and its receipts and payments for the year then ended in accordance with the disclosed basis of accounting applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan
April 26, 1985.

W. G. Lutz, F.C.A.,
Provincial Auditor.

Saskatchewan Medical Care Insurance Fund — Statement 1

Statement of Receipts, Payments and Balance of Fund

Year Ended March 31

(With comparative figures for the previous year)

1984		1985
	Receipts:	
	Grants from the Consolidated Fund	
$164,146,000	— Insured services	$177,000,000
6,394,000	— Administration	6,512,320
231,935	Bursary refunds including interest	233,582
170,771,935	**Total Receipts**	**183,745,902**
	Payments:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured service payments to:	
$136,871,479	Physicians	$149,982,289
3,080,329	Approved health agencies	2,872,542
3,883,141	Swift Current Health Region	3,897,111
	Beneficiaries	
5,455,634	— For physician services	5,096,305
2,954,943	— For chiropractor services	2,949,520
245,608	— For dental services	278,914
	Saskatchewan Hospital Services Plan —	
4,344,985	Community Health Association	4,493,083
5,103,539	Optometrists	5,462,467
3,610,345	Chiropractors	3,995,078
672,359	Dentists	720,396
166,222,362	**Gross insured service payments**	**179,747,705**
	Less refunds from:	
3,488,305	— Cancer Foundation for cancer services	3,983,793
276,708	— Practitioners, for insured services	117,914
162,457,349	**Net insured service payments**	**175,645,998**
6,335,218	Administration payments (Statement 2)	6,222,696
150,706	Grants to Swift Current Health Region	162,831
168,943,273	**Total payments under Saskatchewan Medical Care Insurance Act**	**182,031,525**
231,935	Department of Advanced Education and Manpower bursary refunds	233,582
169,175,208	**Total payments Saskatchewan Medical Care Insurance Fund**	**182,265,107**
1,596,727	Excess of receipts over payments	1,480,795
(2,742,933)	Balance of fund beginning of year	(1,146,206)
$(1,146,206)	Balance of fund end of year (Note 3)	$ 334,589

(See accompanying notes to the financial statements)

Statement of Administration Payments

Year Ended March 31

(With comparative figures for the previous year)

1984		1985
$4,056,678	Salaries	$4,035,865
571,040	Registration services (S H S P)	573,160
583,673	Systems analyst services	469,907
487,760	Computer services	442,004
256,123	Postage and communication	244,616
80,874	Rent of office equipment	169,840
123,812	Stationery and office supplies	156,066
84,157	Data processing services (S H S P)	80,085
82,207	Equipment purchase and repair	78,080
48,372	Payments to commission members	47,852
46,235	Printing and advertising	25,338
18,017	Miscellaneous contractual services	18,026
11,043	Travel and sustenance	14,741
8,106	Educational and professional dues	4,057
6,458,097		6,359,637
122,879	Less: Recoveries for services to other agencies	136,941
$6,335,218	**Total administration payments to Statement 1**	**$6,222,696**

(S H S P) Saskatchewan Hospital Services Plan

(See accompanying notes to the financial statements)

Saskatchewan Medical Care Insurance Fund

Notes to Financial Statements
March 31, 1985

1. **Accounting Policies**

   The accounts of the Fund are maintained on a cash basis whereby revenues are recorded as received and expenditures are recorded when paid. Accordingly, the assets and liabilities (excluding the balance of fund), as at March 31, are not reflected in these financial statements.

2. **Authority**

   The Saskatchewan Medical Care Insurance Fund was established in 1962 under the authority of The Saskatchewan Medical Care Insurance Act.

3. **Balance of Fund**

   The balance of fund represents an accumulation of previous years' surplus and deficits.

	Balance March 31, 1984	Current Receipts	Current Payments	Balance March 31, 1985
Insured Services	($1,178,034)	$177,233,582	$176,042,411	$ 13,137
Administration	31,828	6,512,320	6,222,696	321,452
	($1,146,206)	$183,745,902	$182,265,107	$334,589

4. **Related Party Transactions**

   Costs not normally allocated between government departments, such as occupancy costs, are not charged to the Fund.

Statistical Tables

Introductory Notes

General — The following tables are based upon Commission payments made during 1984-85 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and subsequent fiscal years are included in the insured service data for that year.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1984-85 include some services rendered in 1983-84.

Payment Adjustments — The difference between "Gross Insured Service Payments" (Statement 1, Page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Number of Services — Certain categories of service data shown in the tables may

(a) represent an understatement, e.g.:
   (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
   (ii) obstetrical services include post-natal care in hospital;
   (iii) some visit services include minor procedures.

or

(b) represent an overstatement, e.g.:
   (i) surcharges counted as services;
   (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 12).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprises therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprises special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists** — Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

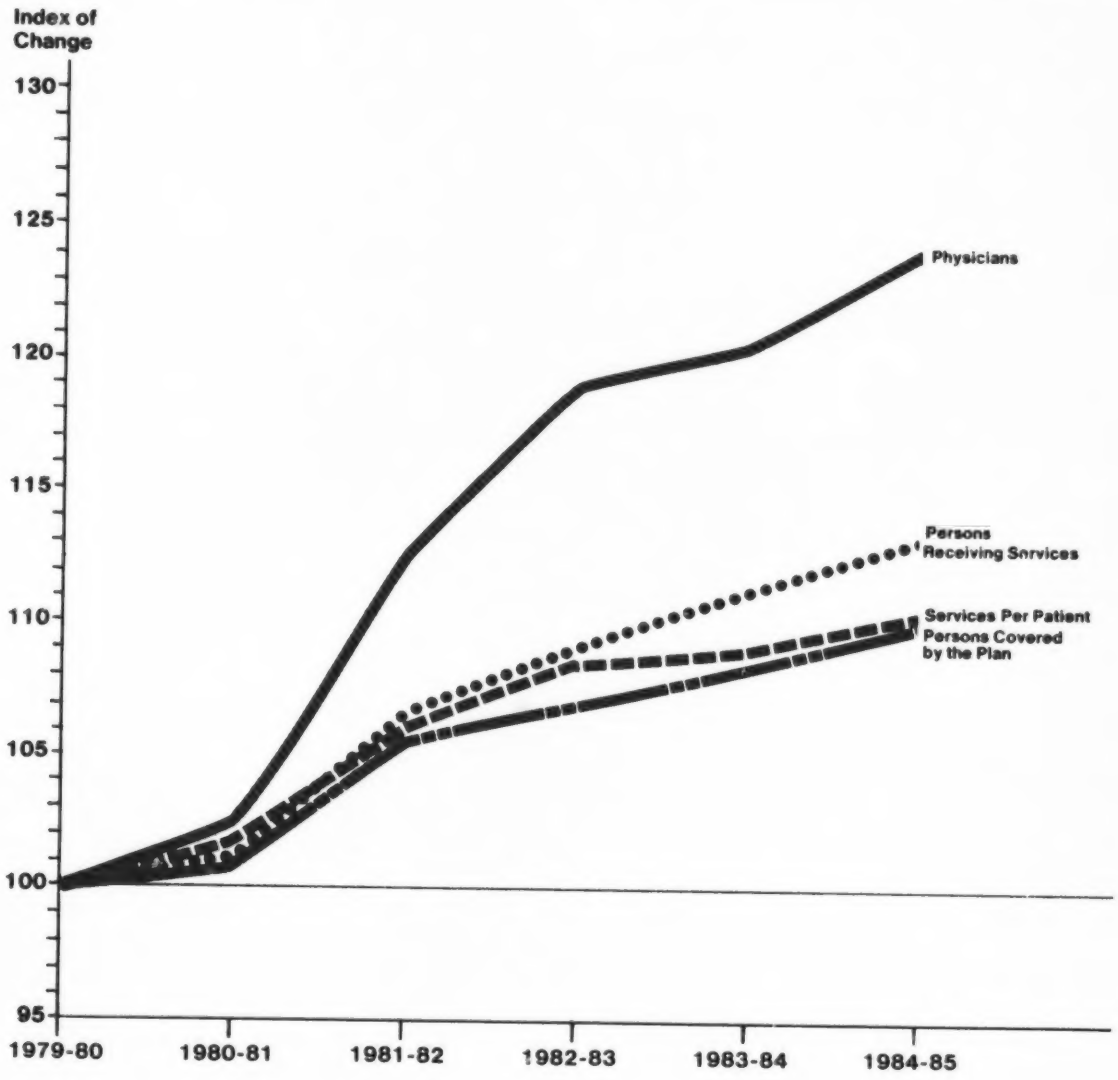
(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.
Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — A practitioner registered by the Saskatchewan Optometric Association.

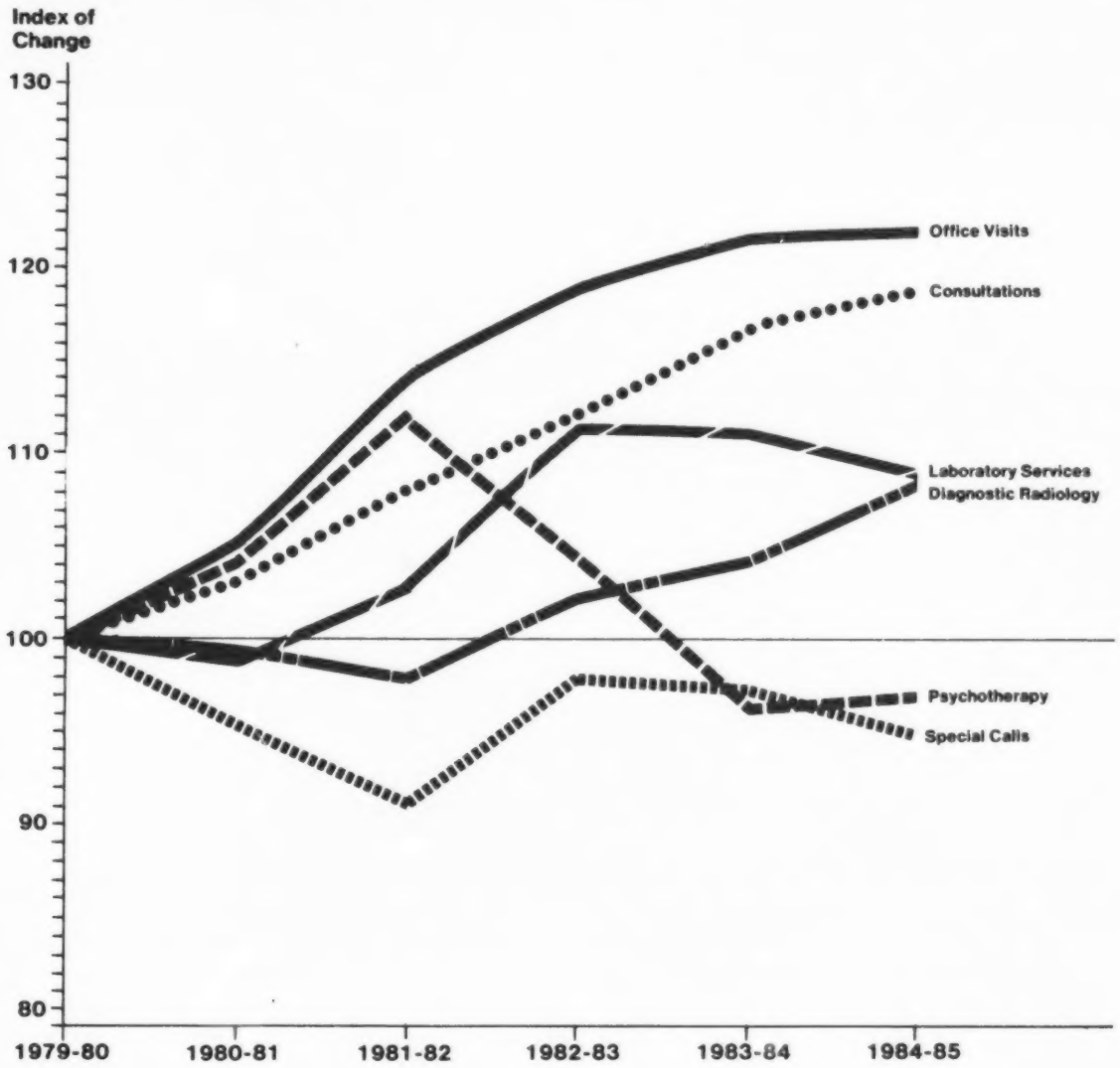
III. **Chiropractor** — A practitioner registered by the Chiropractors' Association of Saskatchewan.

Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1979-80)



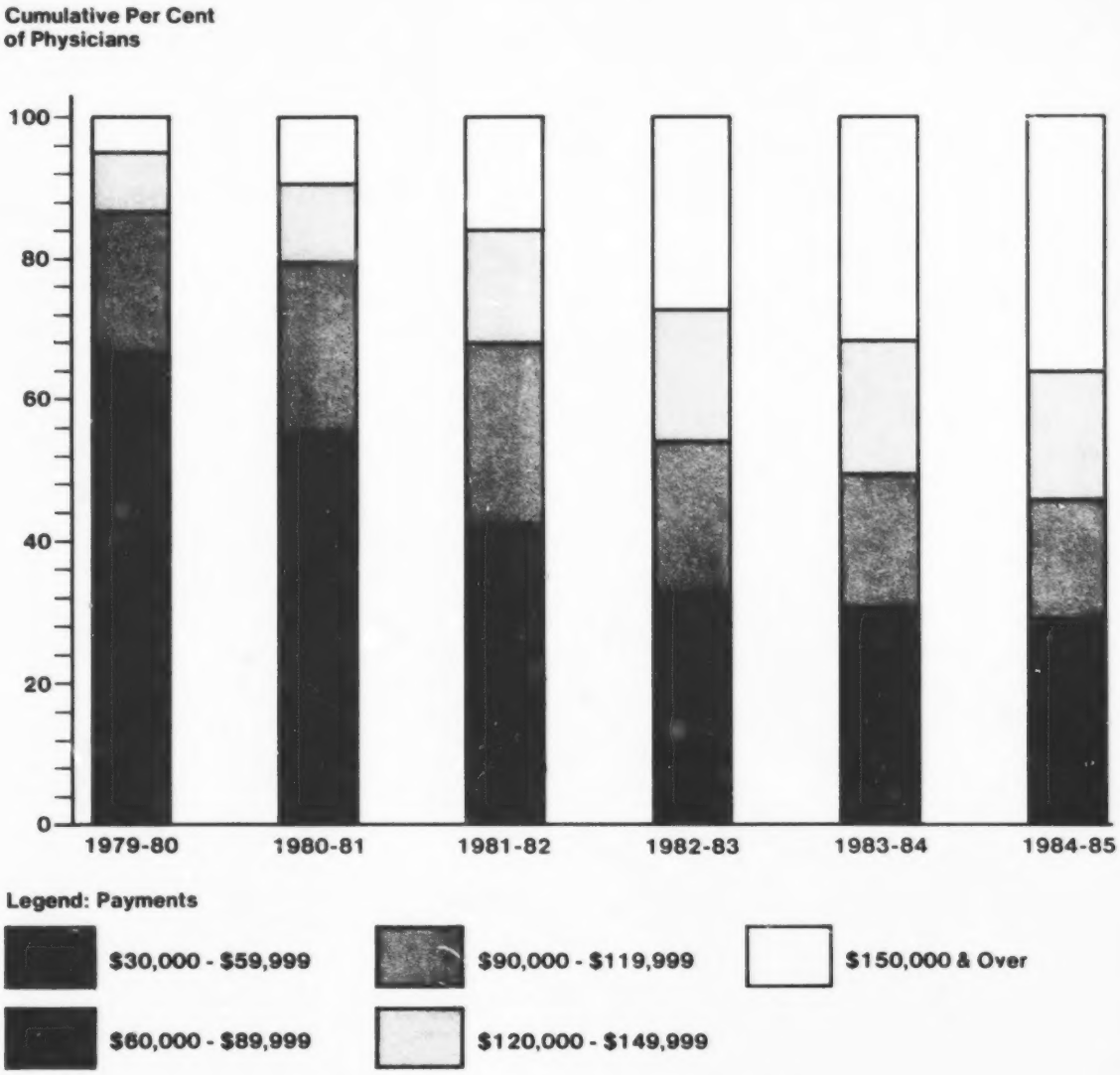
Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured data for those years.

Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Service (Indexed to Base Year 1979-80)



Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured service data for those years.

Figure 3
Per Cent of Physicians by Range of MCIC Payment, 1979-80 to 1984-85



Note: Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured service data for those years.

Figure 4
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment

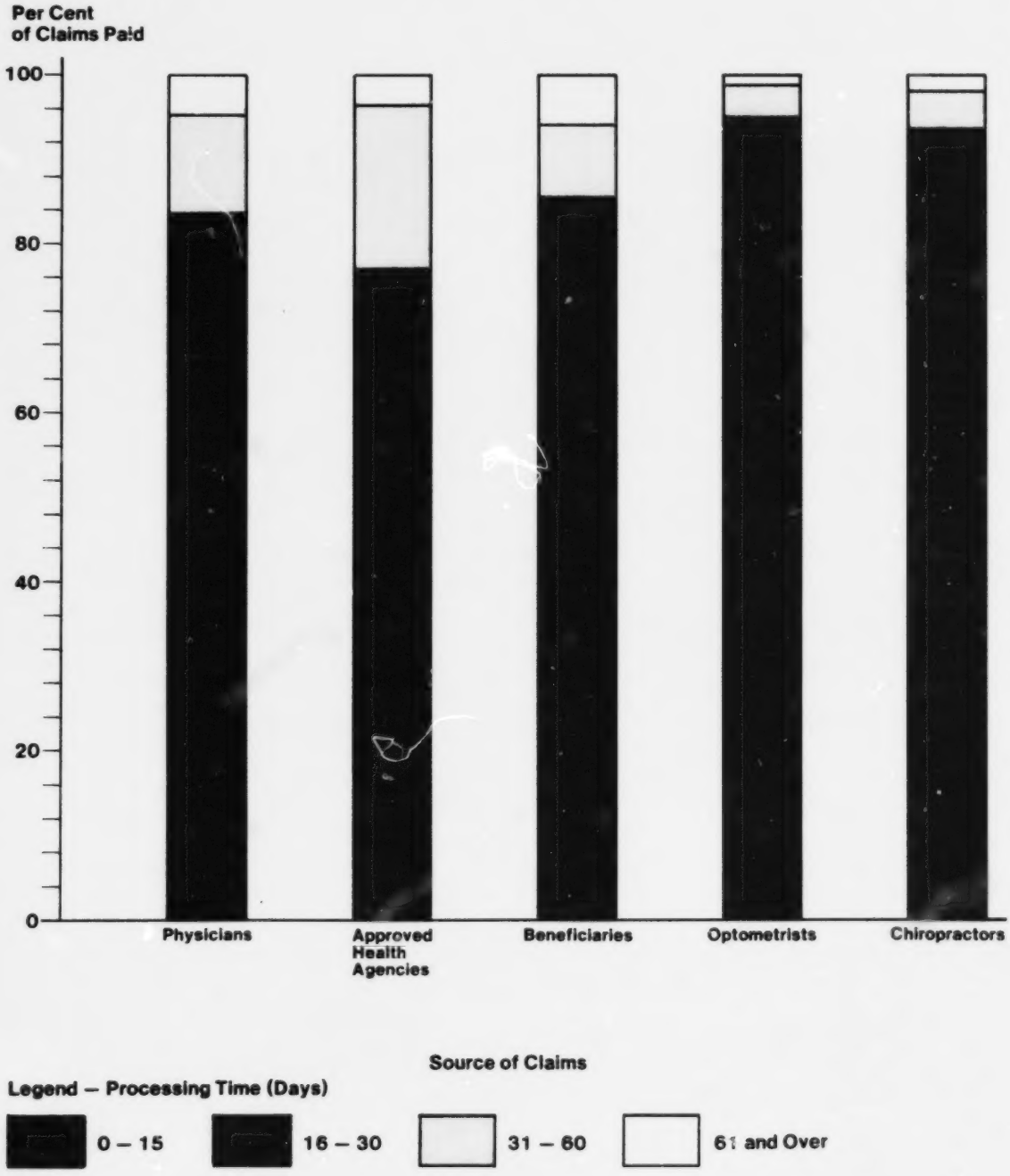


Table 1
Summary of Receipts and Payments

	Amount (000's)		Per Cent of Total	
	1983-84	1984-85	1983-84	1984-85
Receipts				
Grant from Consolidated Fund	$170,540	$183,512	100.0	100.0
Payments				
Insured Services	$162,457	$175,646	96.2	96.5
Swift Current Health Region	151	163	0.1	0.1
Administration Payments[1]	6,335	6,222	3.7	3.4
Total Payments	**$168,943**	**$182,031**	**100.0**	**100.0**
Excess of Receipts over Payments	**1,597**	**1,481**		
	$170,540	**$183,512**		

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other Government agencies e.g. office space, furniture, central purchasing, central personnel services, or group life contributions. Their estimated value is $620,000 for 1983-84 and $658,000 for 1984-85. Including them brings administration costs as a per cent of total payments to 4.1% in 1983-84 and 3.8% in 1984-85.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)[1]	Per Cent Change Due to: Change in Population	Increase in Fees	Change in Coverage[2]	Change in Value of Claims Inventory[3]	Change in Per Capita Utilization[4]	**Total Per Cent Change**
1980-81	99,401	—	—	—	—	—	—
1981-82	122,253	0.88	14.82	3.25	1.90	2.14	**22.99**
1982-83	148,601	1.07	15.38	0.24	−1.79	6.65	**21.55**
1983-84	162,734	1.40	6.04	—	0.67	1.40	**9.51**
1984-85	175,764	1.46	3.94	—	0.29	2.32	**8.01**
Average Annual Per Cent Change 1980-81 to 1984-85	—	1.20	10.05	0.87	0.27	3.13	**15.52**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning with 1981-82 are included in the insured service data for those years.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services.

Table 3
Adjustments and Recoveries by the Commission

	1983-84		1984-85	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,616	$7,687.2	1,689	$7,755.6
Special Commission Studies[3]	14	44.5	10	21.8
Professional Review Activity	23	232.2	15	96.1
Total	–	**$7,963.9**	–	**$7,873.5**

[1] Practitioners who received a Commission payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1980-81	1981-82	1982-83	1983-84	1984-85
Thousands of Claims Received	6,121	6,459	6,855	7,129	7,364
Number of Employees[1]	158	159	159	151	147
Claims per Employee	**38,740**	**40,623**	**43,113**	**47,212**	**50,095**

[1] Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	80-81	81-82	82-83	83-84	84-85	80-81	81-82	82-83	83-84	84-85
Physicians[2]	5,024	5,389	5,758	6,025	6,266	82.1	83.4	84.0	84.5	85.1
Optometrists	169	168	181	197	201	2.7	2.6	2.6	2.8	2.7
Chiropractors	226	245	284	316	346	3.7	3.8	4.2	4.4	4.7
All Providers of Service	**5,419**	**5,802**	**6,223**	**6,538**	**6,813**	**88.5**	**89.8**	**90.8**	**91.7**	**92.5**
Group Medical Services	53	45	36	35	32	0.9	0.7	0.5	0.5	0.5
Medical Services Inc.	168	136	130	111	98	2.7	2.1	1.9	1.6	1.3
Total Approved Health Agencies	**221**	**181**	**166**	**146**	**130**	**3.6**	**2.8**	**2.4**	**2.1**	**1.8**
Beneficiaries	**481**	**476**	**466**	**445**	**421**	**7.9**	**7.4**	**6.8**	**6.2**	**5.7**
Total	**6,121**	**6,459**	**6,855**	**7,129**	**7,364**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1984-85 amounted to 2.1% of which 1.4% were from practitioners and 0.7% were from beneficiaries.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning with 1981-82 are included in the insured service data for those years.

Table 6
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1984		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,544	8,234	15,176	13,015	270,958	223,352
1 - 4	36,022	34,402	8,585	7,769	141,899	121,199
5 - 14	82,481	79,118	5,028	5,095	80,234	77,228
15 - 24	95,861	91,413	5,006	12,769	81,819	176,368
25 - 44	145,942	139,117	5,950	13,737	97,809	204,013
45 - 64	91,446	91,889	9,774	12,478	165,179	191,375
65 - 69	19,207	21,023	14,273	15,385	241,950	235,234
70 and over	37,623	46,643	22,057	23,693	322,701	313,680
All Beneficiaries	**517,126**	**511,839**	**8,121**	**12,564**	**131,603**	**183,230**
B. Optometrists						
Under 1	8,544	8,234	2	1	56	30
1 - 4	36,022	34,402	43	42	1,210	1,171
5 - 14	82,481	79,118	190	237	5,293	6,630
15 - 24	95,861	91,413	160	268	4,477	7,480
25 - 44	145,942	139,117	147	239	4,093	6,674
45 - 64	91,446	91,889	212	259	5,926	7,237
65 - 69	19,207	21,023	204	256	5,704	7,163
70 and over	37,623	46,643	198	222	5,521	6,216
All Beneficiaries	**517,126**	**511,839**	**164**	**230**	**4,576**	**6,414**
C. Chiropractors						
Under 1	8,544	8,234	10	12	105	122
1 - 4	36,022	34,402	28	21	287	216
5 - 14	82,481	79,118	90	98	925	1,005
15 - 24	95,861	91,413	401	523	4,187	5,394
25 - 44	145,942	139,117	815	1,042	8,458	10,710
45 - 64	91,446	91,889	1,030	1,272	10,618	13,083
65 - 69	19,207	21,023	878	1,112	9,044	11,413
70 and over	37,623	46,643	626	718	6,453	7,389
All Beneficiaries	**517,126**	**511,839**	**581**	**733**	**6,015**	**7,537**

Table 7
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1983-84 Number of Beneficiaries	1983-84 % of Beneficiaries	1983-84 % of Payments	1983-84 % of Services	1984-85 Number of Beneficiaries	1984-85 % of Beneficiaries	1984-85 % of Payments	1984-85 % of Services
A. Physicians Only								
$ 0.00[1]	147,869	14.6	—	—	145,563	14.2	—	—
$ 0.01 - $ 10.00	2,051	0.2	<0.1	<0.1	2,429	0.2	<0.1	<0.1
$ 10.01 - $ 25.00	101,883	10.0	1.0	1.2	102,019	9.9	0.9	1.1
$ 25.01 - $ 50.00	165,119	16.3	3.9	4.5	158,106	15.4	3.5	4.1
$ 50.01 - $ 100.00	199,831	19.7	9.6	11.1	199,722	19.4	9.0	10.6
$100.01 - $ 200.00	183,389	18.1	17.4	19.6	189,587	18.4	16.7	19.0
$200.01 - $ 500.00	152,236	15.0	31.6	32.7	161,066	15.7	30.9	32.1
$500.01 - $1,000.00	47,974	4.7	21.7	19.4	53,740	5.2	22.7	20.4
Over $1,000.00	14,144	1.4	14.7	11.5	16,733	1.6	16.3	12.7
Total	**1,014,496**	**100.0**	**100.0**	**100.0**	**1,028,965**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	822,817	81.1	—	—	830,810	80.7	—	—
$ 0.01 - $ 25.00	3,573	0.3	1.6	1.9	1,829	0.2	0.7	0.9
$ 25.01 - $ 50.00	184,344	18.2	94.5	94.2	192,161	18.7	95.1	94.9
Over $50.00	3,762	0.4	3.9	3.9	4,165	0.4	4.2	4.2
Total	**1,014,496**	**100.0**	**100.0**	**100.0**	**1,028,965**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	916,429	90.4	—	—	929,316	90.3	—	—
$ 0.01 - $ 10.00	18,487	1.8	2.7	2.8	1,866	0.2	0.3	0.3
$ 10.01 - $ 25.00	14,207	1.4	4.1	4.2	31,785	3.1	6.7	6.9
$ 25.01 - $ 50.00	26,427	2.6	14.8	14.9	20,628	2.0	10.5	10.5
$ 50.01 - $ 100.00	19,575	1.9	21.9	21.7	23,249	2.3	22.6	22.5
$100.01 - $ 200.00	13,357	1.3	28.0	27.8	15,412	1.5	29.9	29.7
Over $200.00	6,014	0.6	28.5	28.6	6,709	0.6	30.0	30.1
Total	**1,014,496**	**100.0**	**100.0**	**100.0**	**1,028,965**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year

Table 8
Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,544	11,501	100.00	15.18	270.96	11.27	201.29	17.85
	F	8,234	10,879	100.00	13.01	223.35	9.85	169.05	17.16
	T	**16,778**	**22,380**	**100.00**	**14.12**	**247.59**	**10.58**	**185.62**	**17.54**
1 - 4	M	36,022	34,581	96.00	8.59	141.90	8.94	147.81	16.53
	F	34,402	32,744	95.18	7.77	121.20	8.16	127.34	15.60
	T	**70,424**	**67,325**	**95.60**	**8.19**	**131.79**	**8.56**	**137.85**	**16.10**
5 - 9	M	41,972	35,037	83.48	5.40	87.81	6.47	105.19	16.26
	F	40,321	33,575	83.27	5.20	80.23	6.25	96.35	15.42
	T	**82,293**	**68,612**	**83.38**	**5.30**	**84.10**	**6.36**	**100.87**	**15.86**
10 - 14	M	40,509	30,889	76.25	4.64	72.38	6.09	94.93	15.59
	F	38,797	30,485	78.58	4.98	74.10	6.34	94.31	14.87
	T	**79,306**	**61,374**	**77.39**	**4.81**	**73.23**	**6.21**	**94.62**	**15.23**
15 - 19	M	44,190	34,564	78.22	4.81	77.71	6.15	99.35	16.16
	F	41,985	39,855	94.93	9.56	134.81	10.08	142.01	14.09
	T	**86,175**	**74,419**	**86.36**	**7.13**	**105.53**	**8.25**	**122.20**	**14.81**
20 - 24	M	51,671	38,152	73.84	5.17	85.33	7.01	115.57	16.50
	F	49,428	49,252	99.64	15.49	211.67	15.55	212.43	13.66
	T	**101,099**	**87,404**	**86.45**	**10.22**	**147.10**	**11.82**	**170.15**	**14.40**
25 - 29	M	48,160	35,209	73.11	5.33	87.54	7.29	119.73	16.41
	F	46,007	44,705	97.17	16.43	235.54	16.91	242.40	14.34
	T	**94,167**	**79,914**	**84.86**	**10.75**	**159.85**	**12.67**	**188.36**	**14.86**
30 - 34	M	40,527	30,295	74.75	5.78	96.04	7.73	128.47	16.62
	F	37,923	35,876	94.60	13.81	206.65	14.60	218.44	14.96
	T	**78,450**	**66,171**	**84.35**	**9.66**	**149.51**	**11.45**	**177.25**	**15.48**
35 - 39	M	32,092	24,252	75.57	6.26	102.73	8.28	135.94	16.41
	F	30,714	27,649	90.02	11.70	179.71	13.00	199.63	15.36
	T	**62,806**	**51,901**	**82.64**	**8.92**	**140.37**	**10.79**	**169.87**	**15.74**
40 - 44	M	25,163	18,537	73.67	7.01	114.05	9.52	154.82	16.26
	F	24,473	21,104	86.23	11.12	171.16	12.89	198.48	15.39
	T	**49,636**	**39,641**	**79.86**	**9.04**	**142.21**	**11.32**	**178.06**	**15.74**
45 - 49	M	22,768	16,592	72.87	7.66	126.60	10.52	173.73	16.52
	F	22,181	19,110	86.15	11.54	177.59	13.40	206.13	15.39
	T	**44,949**	**35,702**	**79.43**	**9.58**	**151.76**	**12.06**	**191.07**	**15.85**
50 - 54	M	23,185	17,498	75.47	8.87	149.11	11.75	197.57	16.82
	F	22,852	19,509	85.37	12.32	191.16	14.43	223.91	15.52
	T	**46,037**	**37,007**	**80.39**	**10.58**	**169.98**	**13.16**	**211.46**	**16.07**
55 - 59	M	23,166	17,990	77.66	10.28	174.18	13.24	224.29	16.94
	F	23,536	20,050	85.19	12.44	188.75	14.60	221.56	15.17
	T	**46,702**	**38,040**	**81.45**	**11.37**	**181.52**	**13.96**	**222.85**	**15.96**
60 - 64	M	22,327	18,143	81.26	12.34	211.87	15.19	260.73	17.17
	F	23,320	20,267	86.91	13.56	207.35	15.61	238.59	15.29
	T	**45,647**	**38,410**	**84.15**	**12.97**	**209.56**	**15.41**	**249.05**	**16.16**
65 - 69	M	19,207	16,049	83.56	14.27	241.95	17.08	289.56	16.95
	F	21,023	18,630	88.62	15.38	235.23	17.36	265.45	15.29
	T	**40,230**	**34,679**	**86.20**	**14.85**	**238.44**	**17.23**	**276.61**	**16.05**
70 - 74	M	15,525	13,951	89.86	17.55	281.20	19.53	312.92	16.02
	F	17,776	16,577	93.25	18.22	267.04	19.54	286.35	14.65
	T	**33,301**	**30,528**	**91.67**	**17.91**	**273.64**	**19.54**	**298.49**	**15.28**
75 and over	M	22,098	21,325	96.50	25.22	351.86	26.14	364.62	13.95
	F	28,867	28,587	99.03	27.06	342.40	27.33	345.76	12.65
	T	**50,965**	**49,912**	**97.93**	**26.26**	**346.50**	**26.82**	**353.81**	**13.19**
Total all ages	**M**	**517,126**	**414,565**	**80.17**	**8.12**	**131.60**	**10.13**	**164.16**	**16.21**
	F	**511,839**	**468,854**	**91.60**	**12.56**	**183.23**	**13.72**	**200.03**	**14.58**
	T	**1,028,965**	**883,419**	**85.86**	**10.33**	**157.28**	**12.03**	**183.20**	**15.22**

[1] As at June 30, 1984.

[2] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1983-84	Number of Services (000's) 1984-85	Number of Services Per 1,000 Beneficiaries 1983-84	Number of Services Per 1,000 Beneficiaries 1984-85	Per Cent Change 1983-84 to 1984-85
Complete Assessments	441.1	427.0	435	415	−4.60
Partial Assessments	3,710.6	3,798.9	3,658	3,692	0.93
Minor Assessments	133.8	134.3	132	130	−1.52
Special Calls	441.9	436.8	436	425	−2.52
Hospital Care	1,132.8	1,154.5	1,116	1,122	0.54
Psychotherapy	217.6	220.9	214	215	0.47
	6,077.8	**6,172.4**	**5,991**	**5,999**	**0.13**
Consultations	**284.3**	**293.5**	**280**	**285**	**1.79**
Laboratory Services	2,471.9	2,452.2	2,437	2,383	−2.22
Diagnostic Radiology	187.4	198.7	185	193	4.32
Other Diagnostic Procedures[2]	529.0	651.7	521	634	21.69
	3,188.3	**3,302.6**	**3,143**	**3,210**	**2.13**
Major Surgery	84.3	91.0	83	88	6.02
Minor Surgery[3]	123.2	183.9	121	179	47.93
Obstetrics	20.2	20.6	20	20	–
Anaesthesia	187.6	190.9	185	185	–
Surgical Assistance	51.5	55.2	51	54	5.88
	466.8	**541.6**	**460**	**526**	**14.35**
Major Therapeutic Procedures	54.5	56.7	54	55	1.85
Minor Therapeutic Procedures	211.9	246.0	209	239	14.35
	266.4	**302.7**	**263**	**294**	**11.79**
Refractions by Physicians	**38.1**	**36.8**	**37**	**36**	**−2.70**
All Physician Services	**10,321.7**	**10,649.6**	**10,174**	**10,350**	**1.73**
Refractions by Optometrists	**195.6**	**202.3**	**193**	**197**	**2.07**
Chiropractic Visit Services	659.4	666.3	650	647	−0.46
Chiropractic X-Ray Services	9.6	9.4	10	9	−10.00
All Chiropractor Services	**669.0**	**675.7**	**660**	**656**	**−0.61**
All Services	**11,186.3**	**11,527.6**	**11,027**	**11,203**	**1.60**

1 The "Introductory Notes", page 18, describe inclusions in these classifications.

2 Effective April 1, 1984 responsibility for payment for ECG and EEG interpretations in hospitals was transferred from the Saskatchewan Hospital Services Plan to the Commission.

3 Effective March 1, 1984 the Integumentary System section of the M.C.I.C. Payment Schedule was restructured, resulting in a changed method of payment wherein multiple items previously billed as a single unit of service are now billed as multiple units of service.

Table 10
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1983-84	Dollar Payments (000's) 1984-85	Dollar Payments Per 1,000 Beneficiaries 1983-84	Dollar Payments Per 1,000 Beneficiaries 1984-85	Per Cent Change 1983-84 to 1984-85
Complete Assessments	13,137	13,174	12,949	12,803	−1.13
Partial Assessments	50,466	53,871	49,745	52,355	5.25
Minor Assessments	1,775	1,859	1,750	1,807	3.26
Special Calls	7,357	7,600	7,252	7,386	1.85
Hospital Care	8,268	8,695	8,150	8,449	3.67
Psychotherapy	3,416	3,738	3,367	3,633	7.90
	84,419	**88,937**	**83,213**	**86,433**	**3.87**
Consultations	**12,547**	**13,258**	**12,368**	**12,885**	**4.18**
Laboratory Services	9,537	10,699	9,401	10,398	10.61
Diagnostic Radiology	5,229	5,783	5,154	5,620	9.04
Other Diagnostic Procedures[2]	7,713	9,653	7,603	9,381	23.39
	22,479	**26,135**	**22,158**	**25,399**	**14.63**
Major Surgery	14,745	16,417	14,534	15,955	9.78
Minor Surgery[3]	2,448	2,917	2,413	2,834	17.45
Obstetrics	2,763	3,160	2,724	3,072	12.78
Anaesthesia	6,349	6,799	6,258	6,608	5.59
Surgical Assistance	1,483	1,620	1,462	1,574	7.66
	27,788	**30,913**	**27,391**	**30,043**	**9.68**
Major Therapeutic Procedures	1,227	1,379	1,209	1,340	10.84
Minor Therapeutic Procedures	1,163	1,338	1,146	1,301	13.53
	2,390	**2,717**	**2,355**	**2,641**	**12.14**
Refractions by Physicians	**891**	**881**	**878**	**856**	**−2.51**
All Physician Services	**150,514**	**162,841**	**148,363**	**158,257**	**6.67**
Refractions by Optometrists	**5,244**	**5,649**	**5,170**	**5,490**	**6.19**
Chiropractic Visit Services	6,323	6,732	6,233	6,543	4.97
Chiropractic X-Ray Services	248	236	244	229	−6.15
All Chiropractor Services	**6,571**	**6,968**	**6,477**	**6,772**	**4.55**
All Services	**162,329**	**175,458**	**160,010**	**170,519**	**6.57**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

[2] Effective April 1, 1984 responsibility for payment for ECG and EEG interpretations in hospitals was transferred from the Saskatchewan Hospital Services Plan to the Commission.

[3] Effective March 1, 1984 the Integumentary System section of the M.C.I.C. Payment Schedule was restructured, resulting in a changed method of payment wherein multiple items previously billed as a single unit of service are now billed as multiple units of service.

Table 11
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1983-84 Family Practitioners ($)	1983-84 Specialists ($)	1983-84 All Practitioners ($)	1984-85 Family Practitioners ($)	1984-85 Specialists ($)	1984-85 All Practitioners ($)
Complete Assessments	28.07	40.78	29.78	28.98	42.41	30.85
Partial Assessments	13.20	20.52	13.60	13.78	21.53	14.18
Minor Assessments	–	13.27	13.27	–	13.84	13.84
Special Calls	16.27	20.19	16.65	17.01	21.28	17.40
Hospital Care	6.71	9.20	7.30	6.87	9.59	7.53
Psychotherapy	12.15	24.41	15.70	13.34	26.07	16.93
	13.41	**17.18**	**13.89**	**13.92**	**17.82**	**14.41**
Consultations	**31.10**	**45.93**	**44.14**	**32.10**	**46.75**	**45.18**
Laboratory Services	3.17	4.62	3.86	3.31	5.62	4.36
Diagnostic Radiology	21.47	27.91	27.90	23.21	29.11	29.10
Other Diagnostic Procedures	8.83	18.01	14.58	9.34	17.38	14.81
	3.92	**9.85**	**7.05**	**4.13**	**11.22**	**7.91**
Major Surgery	98.35	196.45	174.92	98.72	202.72	180.34
Minor Surgery	18.44	28.49	19.87	14.83	21.77	15.86
Obstetrics	124.48	162.67	136.83	141.36	177.28	153.36
Anaesthesia	32.16	34.88	33.84	33.57	36.96	35.61
Surgical Assistance	28.40	31.17	28.78	28.96	32.18	29.38
	35.58	**88.09**	**59.52**	**32.30**	**91.22**	**57.08**
Major Therapeutic Procedures	19.96	23.04	22.52	24.59	24.30	24.34
Minor Therapeutic Procedures	5.11	7.96	5.49	5.14	7.31	5.44
	5.82	**17.29**	**8.97**	**5.73**	**17.40**	**8.98**
Refractions by Physicians	**21.07**	**24.46**	**23.39**	**21.60**	**25.09**	**23.95**
All Physician Services	**12.12**	**20.54**	**14.58**	**12.53**	**21.91**	**15.29**
Refractions by Optometrists	–	–	**26.81**	–	–	**27.92**
Chiropractic Visit Services	–	–	9.59	–	–	10.10
Chiropractic X-Ray Services	–	–	25.70	–	–	25.20
All Chiropractor Services	–	–	**9.82**	–	–	**10.31**
All Services	**12.12**	**20.54**	**14.51**	**12.53**	**21.91**	**15.22**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 12
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1983-84	1984-85	1983-84	1984-85
Complete Assessments	3.94	3.70	8.09	7.51
Partial Assessments	33.17	32.95	31.09	30.70
Minor Assessments	1.20	1.17	1.09	1.06
Special Calls	3.95	3.79	4.53	4.33
Hospital Care	10.13	10.01	5.09	4.96
Psychotherapy	1.94	1.92	2.11	2.13
	54.33	**53.54**	**52.00**	**50.69**
Consultations	**2.54**	**2.55**	**7.73**	**7.56**
Laboratory Services	22.10	21.27	5.88	6.10
Diagnostic Radiology	1.67	1.73	3.22	3.29
Other Diagnostic Procedures	4.73	5.65	4.75	5.50
	28.50	**28.65**	**13.85**	**14.89**
Major Surgery	0.76	0.79	9.08	9.36
Minor Surgery	1.10	1.59	1.51	1.66
Obstetrics	0.18	0.18	1.70	1.80
Anaesthesia	1.68	1.66	3.91	3.88
Surgical Assistance	0.46	0.48	0.92	0.92
	4.18	**4.70**	**17.12**	**17.62**
Major Therapeutic Procedures	0.49	0.49	0.76	0.79
Minor Therapeutic Procedures	1.89	2.13	0.71	0.76
	2.38	**2.62**	**1.47**	**1.55**
Refractions by Physicians	**0.34**	**0.32**	**0.55**	**0.50**
All Physician Services	**92.27**	**92.38**	**92.72**	**92.81**
Refractions by Optometrists	**1.75**	**1.76**	**3.23**	**3.22**
Chiropractic Visit Services	5.89	5.78	3.90	3.84
Chiropractic X-Ray Services	0.09	0.08	0.15	0.13
All Chiropractor Services	**5.98**	**5.86**	**4.05**	**3.97**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) \ Type of Practitioner	Family Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	30.6	20.2	53.6	13.3	3.9	5.6	33.6	3.0
Special Eye Examination	11.9	–	–	–	–	–	–	–
Complete Examination	357.8	23.8	29.8	2.0	7.7	0.5	17.1	0.6
Partial Examination	3,496.4	49.9	42.0	3.3	6.8	4.7	27.7	1.1
Well Baby Care	40.0	2.6	–	–	–	–	–	–
Other Office Visits	0.3	1.0	–	–	–	–	–	–
Hospital								
Newborn, Premature	14.0	6.8	–	–	–	–	–	–
Other	847.7	40.4	153.7	11.0	18.2	1.1	34.6	2.5
Special Calls and Emergency	380.9	6.7	8.5	0.6	0.8	0.1	5.4	0.1
Psychotherapy								
Base Time[1]	85.5	0.1	–	–	45.1	–	0.1	–
Additional Time	71.4	0.1	–	–	20.1	–	–	–
Major Surgery	10.3	0.1	0.3	–	–	–	14.8	3.8
Minor Surgery	178.6	2.0	1.1	–	–	7.8	7.8	0.1
Surgical Assistance								
Base Time[1]	19.1	–	–	–	–	–	1.3	0.1
Additional Time	27.6	–	–	–	–	–	2.2	0.3
Obstetrics	13.6	–	–	–	–	–	–	–
Anaesthesia								
Base Time[1]	33.9	–	–	–	–	–	–	–
Additional Time	40.6	–	–	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	1,187.5	10.4	15.1	–	–	0.8	12.9	–
Laboratory Tracings	32.1	–	0.4	–	–	–	0.6	–
Diagnostic Ultrasound	–	0.9	5.2	–	–	–	–	–
Other Diagnostic and Therapeutic Services	363.1	55.0	197.7	10.7	3.3	4.5	12.8	4.1
Special Diagnostic and Therapeutic Services	141.1	–	0.4	–	–	–	0.5	–
Miscellaneous Services	8.9	1.2	0.9	–	–	–	0.3	–
Total Services	**7,392.9**	**221.2**	**508.7**	**40.9**	**105.9**	**25.1**	**171.7**	**15.7**

[1] Represents the number of instances these types of services were provided during the year

Note: Services are grouped using a common national grouping

Table 13 (Continued)

Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Urological Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	**Total Services**
32.7	6.1	4.1	10.0	30.1	16.8	19.7	0.9	–	–	**284.2**
–	–	–	–	–	23.5	–	–	–	–	**35.4**
7.0	1.2	1.1	2.7	16.0	13.5	11.5	–	–	–	**492.3**
12.2	2.0	2.0	4.9	32.5	31.0	12.9	–	–	–	**3,729.4**
–	–	–	–	–	–	–	–	–	–	**42.6**
–	–	–	–	0.3	–	–	–	–	–	**1.6**
–	–	–	–	–	–	–	–	–	–	**20.8**
9.0	0.9	6.5	2.2	6.5	1.2	1.2	10.2	–	–	**1,146.9**
2.3	0.4	0.5	0.2	6.7	0.7	0.4	1.9	–	0.1	**416.3**
–	–	–	–	0.1	–	–	–	–	–	**130.9**
–	–	–	–	–	–	–	–	–	–	**91.6**
11.0	3.2	1.3	3.6	5.8	5.4	3.3	–	–	–	**62.9**
0.8	3.7	–	0.5	0.8	0.9	5.1	–	–	–	**209.2**
0.1	–	0.1	0.1	0.4	0.1	–	–	–	–	**21.3**
0.3	0.1	1.0	0.3	0.2	0.1	–	–	–	–	**32.1**
–	–	–	–	6.8	–	–	–	–	–	**20.4**
0.4	–	0.1	–	–	–	–	38.5	–	0.1	**73.0**
0.4	–	0.1	–	–	–	–	69.8	–	–	**110.9**
–	–	–	–	–	–	–	–	–	189.7	**189.7**
0.4	–	–	7.2	55.3	–	–	–	976.8	–	**2,266.4**
0.1	–	–	–	0.4	–	–	–	–	–	**33.6**
–	–	–	–	2.0	1.2	–	–	–	25.9	**35.2**
3.7	0.2	0.1	9.4	12.0	49.0	73.0	3.8	1.2	4.4	**808.0**
–	–	–	–	19.0	–	–	–	–	0.9	**161.9**
–	–	0.2	–	0.1	–	–	0.6	–	–	**12.2**
80.4	**17.8**	**17.1**	**41.1**	**195.0**	**143.4**	**127.1**	**125.7**	**978.0**	**221.1**	**10,428.8**

Table 14
Patients, Services and Payments for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1983-84 to 1984-85
		Patients	Payments	Services	
Electrocardiograms, Vectorcardiograms and Echocardiograms[1]	287,113	134.53	2,778.01	279.03	32.02
Allergy Investigation and Hyposensitization Injections	248,053	17.35	1,160.41	241.07	13.18
Submission of Papanicolau Smear	158,365	269.15[f]	989.75[f]	309.40[f]	3.30
Suturing of Wounds	57,981	31.94	1,276.99	56.35	43.71
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts[2]	35,587	24.38	757.01	34.59	30.33
Delivery — Vaginal	15,072	29.16[f]	4,368.20[f]	29.45[f]	−0.84
— Caesarian	2,881	5.62[f]	1,375.48[f]	5.63[f]	7.65
Sigmoidoscopy	11,214	9.53	280.19	10.90	7.60
Plantar Wart Excision or Fulguration[2]	9,963	6.40	131.58	9.68	14.29
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	9,789	6.51	107.72	9.51	1.28
Electroencephalograms or Echoencephalograms[1]	8,326	7.19	194.88	8.09	40.45
Dilatation and Curettage	7,964	15.08[f]	941.91[f]	15.56[f]	−1.89
Artificial Extra Corporeal Haemodialysis	7,361	0.22	209.69	7.15	−4.28
Cystoscopy	7,157	6.43	356.69	6.96	2.96
Fractures, Open Surgical or Closed Reduction	6,380	5.31	1,011.63	6.20	−6.34
Tonsillectomy (With or Without Adenoidectomy)	3,869	3.73	354.96	3.76	0.80
Tubal Ligation	3,391	6.61[f]	1,053.59[f]	6.63[f]	−4.19
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,707	2.45	607.30	2.63	1.54
Cardiac Catheterization	2,648	1.42	255.35	2.57	2.80
Psychological Testing	2,449	2.33	42.98	2.38	−0.83
Gall Bladder or Other Biliary Tract Surgery	2,402	2.25	825.86	2.33	7.37
Cataract Extraction	2,352	2.13	876.09	2.29	17.44
Vasectomy	1,862	3.58[m]	476.26[m]	3.60[m]	16.50
Hysterectomy — Abdominal	1,393	2.72[f]	840.29[f]	2.72[f]	17.24
— Vaginal	401	0.78[f]	273.68[f]	0.78[f]	−7.14
Prostatectomy (With or Without Vasectomy)	1,484	2.85[m]	1,142.14[m]	2.87[m]	5.51
Appendectomy	1,409	1.37	303.49	1.37	3.01
Therapeutic Abortion	1,253	2.42[f]	191.73[f]	2.45[f]	−2.00
Electroconvulsive Therapy	1,137	0.20	21.74	1.10	−13.39
Septoplasty or Submucous Resection	1,070	1.03	242.56	1.04	13.04
Genital Prolapse Repair	1,051	1.95[f]	523.83[f]	2.05[f]	−1.91
Varicose Veins (Ligation)	982	0.45	93.35	0.95	−3.06
Arthroplasty — Total Hip Replacement	651	0.53	363.59	0.63	−5.97
— Total Knee Replacement	190	0.16	88.61	0.18	12.50
Peptic Ulcer Surgery	450	0.41	192.23	0.44	4.76
Strabismus Operation	403	0.34	77.66	0.39	−2.50
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	389	0.76[f]	154.79[f]	0.76[f]	4.11
Spinal Disc Excision	321	0.31	175.10	0.31	10.71

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

[1] Effective April 1, 1984 responsibility for payment for ECG and EEG interpretations in hospitals was transferred from the Saskatchewan Hospital Services Plan to the Commission.

[2] Effective March 1, 1984 the Integumentary System section of the M.C.I.C. Payment Schedule was restructured, resulting in a changed method of payment wherein multiple items previously billed as a single unit of service are now billed as multiple units of service.

Table 15
Patients, Services and Payments for Selected Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	542	171.2	6,269	527
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	467	230.8	6,322	454
Hypertension	401 - 405	299	68.4	3,744	291
Refractive Errors	367	257	226.1	6,511	249
Ischaemic Heart Disease	410 - 414	224	27.9	3,984	218
Diabetes Mellitus	250	216	19.9	2,129	209
Diseases of the Urinary Tract	580 - 599	215	59.3	3,071	209
Otitis Media	381 & 382	209	77.9	3,038	203
Bronchitis	466, 490 & 491	201	93.5	2,591	195
Neuroses	300	180	55.0	2,759	175
Arthritis	710 - 716	163	48.7	2,567	158
Rheumatic Disease	725 - 729	129	70.0	2,243	126
Cerebrovascular Disease	430 - 438	117	8.4	1,087	114
Symptomatic Heart Disease	428 & 429	111	17.2	1,193	108
Diarrheal Disease	009	110	41.2	1,519	107
Disorders of Menstruation	Z08* & 626	108	72.1[f]	3,002[f]	211[f]
Abdominal Swelling (Abdominal Pain)	Z07*	104	39.3	1,646	101
Eczema	690 - 692	98	59.0	1,374	96
Symptoms — Respiratory System	786	97	39.2	1,498	94
Asthma	493	84	19.6	1,241	81
Pneumonia	480 - 486	82	15.0	956	80
Hay Fever	477	75	18.4	881	73
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	74	57.2[f]	1,681[f]	144[f]
Anaemias	280 - 285	71	15.0	724	69
Vertebrogenic Pain Syndrome	724	56	26.5	872	54
Obesity	278	56	20.1	714	54
Influenza	487	55	31.5	721	54
Chronic Sinusitis	473	48	28.3	637	46
Gastritis and Duodenitis	535	44	21.0	602	43
Cellulitis and Abscess	681 & 682	40	20.1	546	39
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	36	17.1	639	35
Symptoms — Genitourinary System	788	30	10.7	492	29
Menopausal Symptoms	627	29	21.1[f]	786[f]	56[f]
Alcoholic Psychosis and Alcoholism	291 & 303	26	4.8	345	25
Myxedema	244	21	7.1	260	20
Disorders of Functions of Stomach	536	19	10.6	262	19
Ulcer of Duodenum	532	19	6.6	342	18
Varicose Veins of Lower Extremity	454	17	4.6	315	17
Nervousness and Debility	799	16	4.0	184	15
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	16	4.4	480	16
Hypertrophy of Tonsils and Adenoids	474	15	6.4	599	15
Epilepsy	345	15	3.7	223	15

[1] Ninth Revision International Classification of Diseases.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1980-81[1]	614		341		955	
		10.7		7.6		9.6
Still Practising in 1981-82[2]	548		315		863	
Practising in 1981-82[1]	666		348		1,014	
		8.0		6.0		7.3
Still Practising in 1982-83[2]	613		327		940	
Practising in 1982-83[1]	692		354		1,046	
		9.1		9.3		9.2
Still Practising in 1983-84[2]	629		321		950	
Practising in 1983-84[1]	696		352		1,048	
		8.3		6.5		7.7
Still Practising in 1984-85[2]	638		329		967	
Practising in 1984-85[1]	721		371		1,092	

[1] Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1984-85 was 125, the difference between "Practising" (1,092) and "Still Practising" (967).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85
Family Practitioners[4]	**686**	**711**	**1.5**	**1.4**	**2.2**	**2.2**	**7.1**	**7.1**	**81.1**	**81.8**
Specialists[4]										
Paediatricians and Medical Geneticists	35	32	29.0	32.2	1.5	1.5	4.4	4.4	4.6	4.3
Internists and Physiatrists	60	66	16.9	15.6	1.6	2.0	4.3	4.2	7.8	9.8
Neurologists	10	9	101.4	114.3	1.7	2.1	2.9	3.3	1.5	1.6
Psychiatrists	22	21	46.1	49.0	0.5	0.6	3.5	3.8	1.1	1.0
Dermatologists	4	4	253.6	257.2	1.4	1.4	3.9	3.8	0.6	0.5
Anaesthetists	35	33	29.0	31.2	1.1	1.1	1.6	1.5	3.5	3.5
General Surgeons	54	58	18.8	17.7	1.0	1.0	2.5	2.4	5.3	5.1
Thoracic Surgeons	9	7	112.7	147.0	0.8	0.8	1.4	1.7	0.6	0.6
Orthopaedic Surgeons	23	23	44.1	44.7	1.6	1.6	3.3	3.3	3.5	3.4
Plastic and Reconstructive Surgeons	6	7	169.1	147.0	1.4	1.4	2.5	2.4	0.8	0.9
Neurological Surgeons	6	6	169.1	171.5	0.8	0.9	2.4	2.6	0.5	0.5
Obstetricians and Gynaecologists	27	30	37.6	34.3	1.5	1.5	3.7	3.5	3.8	3.9
Urological Surgeons	12	13	84.5	79.2	1.3	1.3	2.2	2.1	1.3	1.4
Ophthalmologists	20	19	50.7	54.2	3.0	3.0	4.8	4.8	5.9	5.4
Otolaryngologists	8	8	126.8	128.6	3.1	3.5	5.8	7.0	2.4	2.8
Pathologists	5	6	202.9	171.5	30.2	29.0	–	–	14.2	16.1
Diagnostic Radiologists	26	29	39.0	35.5	5.2	5.2	–	–	11.2	11.9
All Specialists[4]	**362**	**371**	**2.8**	**2.8**	**2.1**	**2.3**	**3.3**	**3.4**	**38.5**	**40.5**
All Physicians[4]	**1,048**	**1,082**	**1.0**	**1.0**	**2.2**	**2.2**	**5.9**	**5.9**	**84.3**	**84.7**
Registered Physicians[5]	**1,369**	**1,389**	**0.7**	**0.7**	–	–	–	–	–	–
Optometrists[4]	**76**	**81**	**13.3**	**12.7**	**2.4**	**2.3**	**2.4**	**2.3**	**18.5**	**18.8**
Registered Optometrists[5]	**92**	**96**	**11.0**	**10.7**	–	–	–	–	–	–
Chiropractors[4]	**79**	**85**	**12.8**	**12.1**	**1.4**	**1.3**	**7.9**	**7.5**	**9.4**	**9.5**
Registered Chiropractors[5]	**91**	**92**	**11.1**	**11.2**	–	–	–	–	–	–

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[5] Resident Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	439	10	31	66	97	90	66	27	52
Association	318	6	12	42	67	72	53	24	42
Solo	121	4	19	24	30	18	13	3	10
Rural:	272	1	14	57	57	63	42	24	14
Association	169	1	3	24	28	47	33	20	13
Solo	103	—	11	33	29	16	9	4	1
All Family Practitioners 1984-85	**711**	**11**	**45**	**123**	**154**	**153**	**108**	**51**	**66**
All Family Practitioners 1983-84	686	5	53	105	148	154	105	58	58
Specialists									
Paediatricians and Medical Geneticists	32	4	8	5	5	6	1	1	2
Internists and Physiatrists	66	8	15	6	5	12	6	6	8
Neurologists	9	—	4	1	2	—	—	—	2
Psychiatrists	21	11	7	2	1	—	—	—	—
Dermatologists	4	—	1	2	—	1	—	—	—
Anaesthetists	33	2	10	13	8	—	—	—	—
General Surgeons	58	11	19	21	6	1	—	—	—
Thoracic Surgeons	7	2	3	2	—	—	—	—	—
Orthopaedic Surgeons	23	1	4	4	7	6	—	1	—
Plastic and Reconstructive Surgeons	7	—	1	4	1	1	—	—	—
Neurological Surgeons	6	1	3	2	—	—	—	—	—
Obstetricians and Gynaecologists	30	3	6	5	8	6	2	—	—
Urological Surgeons	13	3	1	4	3	2	—	—	—
Ophthalmologists	19	—	—	1	3	2	1	5	7
Otolaryngologists	8	—	—	—	3	—	—	1	4
Pathologists	6	—	—	—	—	—	—	—	6
Diagnostic Radiologists	29	—	1	2	—	1	—	1	24
All Specialists 1984-85	**371**	**46**	**83**	**74**	**52**	**38**	**10**	**15**	**53**
All Specialists 1983-84	362	46	85	82	52	33	10	9	45
All Physicians 1984-85	**1,082**	**57**	**128**	**197**	**206**	**191**	**118**	**66**	**119**
All Physicians 1983-84	1,048	51	138	187	200	187	115	67	103
Optometrists 1984-85	**81**	**—**	**—**	**18**	**22**	**19**	**6**	**10**	**6**
Optometrists 1983-84	76	—	—	13	22	21	8	5	7
Chiropractors 1984-85	**85**	**2**	**30**	**28**	**13**	**8**	**1**	**2**	**1**
Chiropractors 1983-84	79	1	24	26	15	7	3	2	1

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	439	28	89	103	100	68	30	21
Association	318	16	65	76	77	49	22	13
Solo	121	12	24	27	23	19	8	8
Rural:	272	3	30	44	62	52	41	40
Association	169	2	24	30	34	34	24	21
Solo	103	1	6	14	28	18	17	19
All Family Practitioners 1984-85	**711**	**31**	**119**	**147**	**162**	**120**	**71**	**61**
All Family Practitioners 1983-84	686	19	109	157	155	116	69	61
Specialists								
Paediatricians and Medical Geneticists	32	10	9	5	5	1	1	1
Internists and Physiatrists	66	15	24	10	7	8	1	1
Neurologists	9	5	2	–	1	1	–	–
Psychiatrists	21	6	8	2	2	3	–	–
Dermatologists	4	–	3	–	1	–	–	–
Anaesthetists	33	29	4	–	–	–	–	–
General Surgeons	58	25	29	3	1	–	–	–
Thoracic Surgeons	7	4	3	–	–	–	–	–
Orthopaedic Surgeons	23	5	12	5	1	–	–	–
Plastic and Reconstructive Surgeons	7	2	5	–	–	–	–	–
Neurological Surgeons	6	2	4	–	–	–	–	–
Obstetricians and Gynaecologists	30	7	9	12	2	–	–	–
Urological Surgeons	13	6	7	–	–	–	–	–
Ophthalmologists	19	1	6	9	1	2	–	–
Otolaryngologists	8	–	2	1	2	2	1	–
All Specialists 1984-85	**336**	**117**	**127**	**47**	**23**	**17**	**3**	**2**
All Specialists 1983-84	331	107	123	59	24	14	2	2
All Physicians 1984-85	**1,047**	**148**	**246**	**194**	**185**	**137**	**74**	**63**
All Physicians 1983-84	1,017	126	232	216	179	130	71	63
Optometrists 1984-85	**81**	**40**	**37**	**1**	**3**	**–**	**–**	**–**
Optometrists 1983-84	76	35	37	2	1	1	–	–
Chiropractors 1984-85	**85**	**–**	**9**	**27**	**16**	**14**	**10**	**9**
Chiropractors 1983-84	79	–	6	22	18	13	9	11

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban	439	159	59	10	126	9	63	11	2
Association	318	132	47	6	82	4	40	5	2
Solo	121	27	12	4	44	5	23	6	–
Rural	272	61	42	2	90	4	56	17	–
Association	169	57	32	–	37	–	34	9	–
Solo	103	4	10	2	53	4	22	8	–
All Family Practitioners 1984-85	**711**	**220**	**101**	**12**	**216**	**13**	**119**	**28**	**2**
All Family Practitioners 1983-84	686	215	96	12	214	12	113	23	1
Specialists									
Paediatricians and Medical Geneticists	32	3	8	2	6	–	11	2	–
Internists and Physiatrists	66	19	23	3	9	1	7	4	–
Neurologists	9	1	–	1	3	–	4	–	–
Psychiatrists	21	4	6	–	2	1	8	–	–
Dermatologists	4	–	3	–	1	–	–	–	–
Anaesthetists	33	12	5	–	12	2	2	–	–
General Surgeons	58	9	21	1	11	1	14	1	–
Thoracic Surgeons	7	1	1	2	1	–	2	–	–
Orthopaedic Surgeons	23	6	5	1	8	1	2	–	–
Plastic and Reconstructive Surgeons	7	2	2	–	1	1	1	–	–
Neurological Surgeons	6	1	1	–	1	–	2	1	–
Obstetricians and Gynaecologists	30	6	6	1	9	2	3	3	–
Urological Surgeons	13	3	9	–	–	–	1	–	–
Ophthalmologists	19	5	7	1	5	1	–	–	–
Otolaryngologists	8	4	1	–	1	–	2	–	–
Pathologists	6	–	2	–	2	–	1	1	–
Diagnostic Radiologists	29	9	7	–	4	3	5	1	–
All Specialists 1984-85	**371**	**85**	**107**	**12**	**76**	**13**	**65**	**13**	**–**
All Specialists 1983-84	362	77	109	12	77	12	65	10	–
All Physicians 1984-85	**1,082**	**305**	**208**	**24**	**292**	**26**	**184**	**41**	**2**
All Physicians 1983-84	1,048	292	205	24	291	24	178	33	1
Optometrists 1984-85	**81**	**–**	**79**	**2**	**–**	**–**	**–**	**–**	**–**
Optometrists 1983-84	76	–	74	2	–	–	–	–	–
Chiropractors 1984-85	**85**	**–**	**78**	**7**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1983-84	79	–	74	5	–	–	–	–	–

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	439	124	127	88	77	23
Association	318	109	95	52	52	10
Solo	121	15	32	36	25	13
Rural:	272	51	88	79	46	8
Association	169	39	57	42	27	4
Solo	103	12	31	37	19	4
All Family Practitioners 1984-85	**711**	**175**	**215**	**167**	**123**	**31**
All Family Practitioners 1983-84	686	170	204	174	113	25
Specialists						
Paediatricians and Medical Geneticists	32	3	10	12	3	4
Internists and Physiatrists	66	6	31	16	10	3
Neurologists	9	–	3	4	2	–
Psychiatrists	21	1	7	10	2	1
Dermatologists	4	1	–	1	2	–
Anaesthetists	33	5	8	10	6	4
General Surgeons	58	4	11	24	14	5
Thoracic Surgeons	7	–	3	3	1	–
Orthopaedic Surgeons	23	1	12	3	6	1
Plastic and Reconstructive Surgeons	7	–	3	2	2	–
Neurological Surgeons	6	–	1	2	3	–
Obstetricians and Gynaecologists	30	3	11	7	8	1
Urological Surgeons	13	1	5	4	2	1
Ophthalmologists	19	1	5	5	6	2
Otolaryngologists	8	–	3	3	2	–
Pathologists	6	1	1	1	3	–
Diagnostic Radiologists	29	6	8	7	7	1
All Specialists 1984-85	**371**	**33**	**122**	**114**	**79**	**23**
All Specialists 1983-84	362	29	121	116	71	25
All Physicians 1984-85	**1,082**	**208**	**337**	**281**	**202**	**54**
All Physicians 1983-84	1,048	199	325	290	184	50
Optometrists 1984-85	**81**	**25**	**23**	**12**	**20**	**1**
Optometrists 1983-84	76	23	20	14	19	–
Chiropractors 1984-85	**85**	**39**	**19**	**12**	**13**	**2**
Chiropractors 1983-84	79	33	18	13	13	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	141.3	1,082	116.0	318	133.0	169	122.5	121
Highest Paid	3,041.4		285.4		305.7		294.1	
Less than $ 30,000	11.4	132	12.5	36	14.1	12	10.3	27
$ 30,000 - $ 39,999	35.4	37	36.0	12	35.1	3	35.6	6
$ 40,000 - $ 59,999	50.0	116	49.8	45	50.7	17	51.3	13
$ 60,000 - $ 79,999	70.4	109	70.8	33	71.8	16	70.6	17
$ 80,000 - $ 99,999	90.0	110	91.4	41	88.8	20	90.4	11
$100,000 - $119,999	109.9	123	111.1	41	109.4	17	109.7	16
$120,000 - $139,999	130.0	135	131.2	50	130.8	21	129.9	14
$140,000 - $159,999	149.7	111	148.8	34	147.9	20	151.2	11
$160,000 - $179,999	169.4	104	166.7	26	168.9	19	169.9	15
$180,000 - $199,999	189.7	68	191.3	14	190.4	18	189.6	7
Over $200,000	295.9	169	225.3	22	243.1	18	239.9	11
Total	**127.2**	**1,214**	**105.5**	**354**	**125.0**	**181**	**102.1**	**148**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	154.8	9	125.8	21	93.1	4	127.8	33
Highest Paid	476.1		295.0		128.3		184.1	
Less than $ 30,000	13.3	1	13.1	7	—	—	13.0	3
$ 30,000 - $ 39,999	—	—	34.8	1	—	—	—	—
$ 40,000 - $ 59,999	47.2	2	49.6	4	—	—	49.6	2
$ 60,000 - $ 79,999	71.1	2	67.4	4	78.3	1	69.7	4
$ 80,000 - $ 99,999	88.8	1	96.1	2	82.9	2	90.1	1
$100,000 - $119,999	111.3	2	103.5	2	—	—	113.4	3
$120,000 - $139,999	—	—	—	—	128.3	1	129.1	7
$140,000 - $159,999	—	—	156.2	1	—	—	148.9	11
$160,000 - $179,999	—	—	—	—	—	—	168.1	3
$180,000 - $199,999	—	—	188.2	3	—	—	182.1	2
Over $200,000	422.5	2	254.4	4	—	—	—	—
Total	**140.6**	**10**	**97.6**	**28**	**93.1**	**4**	**118.3**	**36**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	182.2	30	146.6	13	184.2	19	299.2	8
Highest Paid	394.5		234.3		374.7		506.4	
Less than $ 30,000	14.4	1	—	—	4.0	2	—	—
$ 30,000 - $ 39,999	36.6	1	—	—	—	—	—	—
$ 40,000 - $ 59,999	45.8	3	45.3	2	55.6	1	—	—
$ 60,000 - $ 79,999	71.5	2	64.1	1	—	—	—	—
$ 80,000 - $ 99,999	87.2	2	—	—	92.2	1	—	—
$100,000 - $119,999	113.5	1	—	—	113.3	1	—	—
$120,000 - $139,999	121.3	1	130.2	2	128.2	3	128.3	2
$140,000 - $159,999	155.6	4	150.6	2	149.6	2	—	—
$160,000 - $179,999	170.4	1	172.7	2	171.1	3	160.3	1
$180,000 - $199,999	180.4	1	196.4	2	188.7	3	—	—
Over $200,000	269.1	14	225.9	2	295.0	5	395.4	5
Total	**176.8**	**31**	**146.6**	**13**	**167.0**	**21**	**299.2**	**8**

1 Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

3 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

4 Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22 (Continued)

Type of Practitioner[3]									
		All Family Practitioners		All Specialists		Paediatricians and Medical Geneticists		Internists and Physiatrists	
Rural Solo									
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
142.7	103	125.0	711	172.5	371	120.3	32	152.6	66
319.4		319.4		3,041.4		398.0		518.9	
9.6	15	11.5	90	11.1	42	[illegible]3	6	11.5	12
31.1	2	35.3	23	35.5	14	35.2	3	36.0	5
53.9	4	50.4	79	49.1	37	49.2	5	49.8	8
72.2	5	71.1	71	69.1	38	64.5	5	67.7	9
90.1	13	90.5	85	88.2	25	85.8	2	89.6	7
108.7	19	110.1	93	109.4	30	110.0	4	107.3	4
128.6	13	130.6	98	128.5	37	127.5	5	131.0	3
149.8	9	149.1	74	150.9	37	148.4	1	153.4	4
170.3	17	168.7	77	171.4	27	172.6	2	171.0	2
186.2	7	189.9	46	189.2	22	–	–	188.2	3
257.7	14	239.7	65	331.0	104	286.7	5	281.5	21
125.8	**118**	**112.3**	**801**	**156.0**	**413**	**102.8**	**38**	**130.9**	**78**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
125.1	58	222.2	7	188.9	23	166.7	7	144.7	6
281.0		335.4		508.0		245.5		269.2	
13.8	4	–	–	1.4	1	–	–	–	–
36.5	2	–	–	–	–	33.2	1	–	–
47.5	5	–	–	54.1	2	–	–	53.0	1
71.4	8	79.3	1	68.2	1	–	–	–	–
80.9	2	–	–	90.4	4	–	–	80.4	1
108.3	10	–	–	–	–	–	–	105.3	1
129.1	10	133.3	1	120.7	1	–	–	124.0	1
149.9	6	–	–	149.9	3	153.5	2	–	–
171.0	8	178.8	1	179.4	1	–	–	–	–
186.4	2	–	–	197.9	1	193.8	3	–	–
239.9	5	291.1	4	285.8	10	245.5	1	252.7	2
117.9	**62**	**222.2**	**7**	**181.1**	**24**	**166.7**	**7**	**144.7**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
951.8	6	250.7	29	65.3	81	78.5	85
3,041.4		659.3		211.4		163.5	
–	–	10.0	5	18.5	13	11.5	7
–	–	33.9	1	34.3	11	34.9	8
–	–	48.3	2	49.0	33	50.2	22
–	–	–	–	67.6	19	68.8	19
–	–	–	–	89.2	13	89.7	14
108.5	1	118.4	1	107.6	1	110.5	10
–	–	–	–	–	–	123.8	7
–	–	150.7	1	158.0	1	148.0	4
178.6	1	170.7	2	–	–	163.5	1
–	–	189.3	2	186.9	2	–	–
1,355.9	4	307.5	20	211.4	1	–	–
951.8	**6**	**215.3**	**34**	**58.8**	**94**	**73.4**	**92**

Table 23
Average Payment Per Practitioner by Specialty, 1979-80 to 1984-85

Type of Practitioner[1]	Average Payment[2] (000's) 1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	Average Annual Per Cent Change 1979-80 to 1984-85
Family Practitioners							
Urban:	74.2	82.7	92.8	108.7	116.4	117.8	9.69
Association	72.4	78.6	88.9	105.9	111.5	116.0	9.89
Solo	79.2	93.9	102.5	115.1	128.9	122.5	9.11
Rural:	78.3	89.7	102.3	123.0	129.0	136.7	11.79
Association	79.2	90.3	103.2	122.8	126.3	133.0	10.92
Solo	76.3	88.6	100.7	123.2	132.9	142.7	13.34
All Family Practitioners	**76.1**	**85.9**	**96.9**	**114.5**	**121.5**	**125.0**	**10.43**
Specialists							
Paediatricians and Medical Geneticists	83.0	88.9	108.0	111.6	115.0	120.3	7.71
Internists and Physiatrists	83.9	97.0	115.6	131.7	141.8	152.6	12.71
Neurologists	78.7	96.1	114.5	136.2	126.1	154.8	14.49
Psychiatrists	89.1	97.6	108.2	127.0	113.4	125.8	7.14
Dermatologists	68.1	72.2	84.9	82.3	85.7	93.1	6.45
Anaesthetists	74.9	80.0	93.6	105.4	119.3	127.8	11.28
General Surgeons	78.3	87.6	99.5	118.7	122.4	125.1	9.82
Thoracic Surgeons	135.8	123.1	132.2	167.2	185.7	222.2	10.35
Orthopaedic Surgeons	107.1	117.4	128.9	154.9	175.2	188.9	12.02
Plastic and Reconstructive Surgeons	85.9	112.9	127.1	148.4	166.8	166.7	14.18
Neurological Surgeons	79.1	81.3	92.5	97.9	135.2	144.7	12.84
Obstetricians and Gynaecologists	103.0	118.5	139.7	170.2	178.0	182.2	12.08
Urological Surgeons	85.4	96.5	105.9	137.4	140.7	146.6	11.41
Ophthalmologists	106.1	116.9	128.6	136.0	165.1	184.2	11.66
Otolaryngologists	160.6	178.8	205.6	236.4	239.6	299.2	13.25
Pathologists	492.0	598.6	743.8	1,112.3	962.4	951.8	14.11
Diagnostic Radiologists	103.9	122.2	151.0	202.0	240.4	250.7	19.26
All Specialists	**95.9**	**108.1**	**125.7**	**148.0**	**159.4**	**172.5**	**12.46**
All Physicians	**83.3**	**94.0**	**107.1**	**126.0**	**134.6**	**141.3**	**11.15**
Optometrists	**44.2**	**47.3**	**50.8**	**57.7**	**63.6**	**65.3**	**8.12**
Chiropractors	**56.5**	**62.7**	**70.3**	**73.1**	**78.5**	**78.5**	**6.80**

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1979-80 and 1980-81, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and effective April 1, 1981 Physicians, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	151	116.6	41	199.3	60	185.2	32	251.7
Saskatoon[3]	164	106.6	74	103.3	77	161.2	33	255.5
Moose Jaw	30	122.0	4	184.0	9	145.2	–	–
Prince Albert	40	126.9	6	143.6	8	139.6	2	*
Yorkton	19	136.2	2	*	4	151.0	–	–
Swift Current	14	176.9	2	*	5	156.4	–	–
North Battleford	21	135.6	2	*	5	167.5	–	–
All Other Locations	272	136.7	1	*	3	95.0	1	*
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
≥ $30,000	658	126.7	128	139.0	166	168.1	64	257.9
≥ $40,000	639	129.4	119	146.8	162	171.3	63	261.4
2. Resident Full Year								
≥ $30,000	670	129.3	127	142.1	165	169.5	65	261.4
≥ $40,000	656	131.3	120	148.4	161	172.8	64	265.0
3. Resident and Active in Two Consecutive Years								
≥ $30,000	641	131.9	118	146.9	158	174.6	61	271.6
≥ $40,000	633	133.1	112	152.9	157	175.4	61	271.6
4. Resident During Any Portion of the Year								
≥ $30,000	734	123.2	136	138.1	174	165.6	71	244.2
≥ $40,000	704	126.9	127	145.3	169	169.5	69	250.4
5. Person-Year Equivalents[4]								
≥ $30,000	712.8	126.8	133.1	141.1	171.7	167.8	68.7	252.4
≥ $40,000	689.4	129.6	125.0	147.6	166.9	171.6	67.2	257.1
6. Resident at Year End With Payments ≥$7,500 in Each Quarter of the Year	629	134.1	111	156.0	154	177.3	62	271.0
7. Resident at Year End and Not in Teaching Institutions	670	128.6	82	179.5	138	181.5	57	282.5
C. By Place of Graduation:[2]								
Saskatchewan	220	124.6	27	132.9	37	173.3	21	160.9
Canada, Other Than Saskatchewan	101	100.7	40	104.9	53	155.9	14	391.5
United Kingdom and Eire	216	137.6	21	121.5	37	156.6	18	213.8
Asia	119	122.2	30	183.8	27	178.7	8	413.4
Other Areas	55	128.0	14	176.7	17	186.0	7	169.0
D. By Age Group:[2]								
Under 35	175	106.3	11	83.6	10	127.8	12	178.4
35 - 44	215	135.4	51	149.0	54	178.4	17	186.8
45 - 54	167	137.9	43	153.2	53	162.6	18	240.0
55 - 64	123	125.9	19	144.6	44	177.5	16	431.4
65+	31	86.1	8	59.0	10	111.7	5	132.1

[1] Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.